

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 96-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: U- <b>7565</b>	2. Fiscal Year Covered From: <b>1 / 1 / 04</b> Through <b>12 / 31 / 04</b>
3. Name and address of person filing.	
Name: <b>Kevin Tormey</b>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any:	Name: <b>Local 580 Benefit Office</b>
Street: <b>9 Prides Lane</b>	Labor Organization File Number: <b>024875</b>
City: <b>Englishtown</b>	P.O. Box, Building and Room Number, if any:
State: <b>New Jersey</b>	Street: <b>501 W. 42nd St., 2nd FL</b>
ZIP Code + 4: <b>07726</b>	City: <b>New York</b>
State: <b>New York</b>	ZIP Code + 4: <b>10036</b>
5. Position in labor organization: <b>Executive Board Member-Trust Fund Trustee</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any):  Name:  Trade Name, if any:  P.O. Box, Bldg., Room No., if any:  Street:  City:  State: ZIP Code + 4:	7.a. Nature of Interest, Transaction, or Income:  7.b. Amount:

**Signatures**

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: Kevin Tormey

On Aug 11, 2005 at 732-972-1735  
Telephone Number

Name of Person Filing    Kevin Tormey		File Number 0.
8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name    Local 580 Benefit Funds Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any    301 W. 42nd St. Street    501 W. 42nd St., 2nd FL City    New York State    New York                  ZIP Code + 4 : 10036		<input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.		
Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____                  ZIP Code + 4: _____		
11.a. Nature of such dealing.		
Employers make contributions to trust fund pursuant to Local 580 Collective Bargaining Agreement. The amount to be entered in 11B cannot be determined.		
11.b. Approximate dollar value of such dealing.		
12.a. Nature of interest held or income received. Wages for committee meetings. 3/26 Annuity Fund \$459.20 5/19 Annuity Fund \$459.20 6/29 Joint Board \$459.20 10/7 Annuity Fund \$473.20 10/12 Sub-Committee \$473.20 11/8 Joint Board \$473.20		
12.b. Amount.    \$2,797.20		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____                  ZIP Code + 4: _____		
13.b. Is the Business an Employer                  or Consultant                  ?		14.b. Amount of payment.